

Electronic Filing System (EFS) Data
Electronic Patent Application Submission
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EFS ID: 15479
Application ID: 10063961
Title of Invention: Recessed Indexing Rotary
Multiple Port Turret for Single or
Multiple Port Medical Fiber-Optic
Illuminator
First Named Inventor: Jack Klootz
Domestic/Foreign Application: Domestic Application
Filing Date: null
Effective Receipt Date: 2002-05-30
Submission Type: Utility Patent Filing
Filing Type: null
Confirmation Number: 0
Attorney Docket Number: 9899.3809
Digital Certificate Holder: cn=Barry Lee Haley, ou=Registered Attorneys, ou=Patent and
Trademark Office, ou=Department of Commerce, o=U.S.
Government, c=US
Certificate Message Digest: +Ttt71im09E7Crg1k4UEsw==
Total Fees Authorized: \$370.0
Payment Category: DA - Deposit Account
Deposit Account Number: 131130
Deposit Account Name: Barry L. Haley



TRANSMITTAL FORM

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Stylesheet Version: 1.0

Submission Type: Utility Patent
Filing

Attorney Docket
Number:

9899.3809



Recessed Indexing Rotary Multiple Port Turret for Single or Multiple Port Medical Fiber-Optic Illuminator

First Named Inventor: Mr. Jack Klootz

SUBMITTED BY

Name:	Mr. Barry Lee Haley
Registration Number:	25,339
Electronic Signature Mark: /barry lee haley/	Date Signed: 20020530

I certify that the use of this system is for OFFICIAL correspondence between patent applicants or their representatives and the USPTO. Fraudulent or other use besides the filing of official correspondence by authorized parties is strictly prohibited, and subject to a fine and/or imprisonment under applicable law.

I, the undersigned, certify that I have viewed a display of document(s) being electronically submitted to the United States Patent and Trademark Office, using either the USPTO provided style sheet or software, and that this is the document(s) I intend for initiation or further prosecution of a patent application noted in the submission. This document(s) will become part of the official electronic record at the USPTO.

Attached Files:

declaration	oath1_1_0001.tif
declaration	oath1_2_0001.tif

fee-transmittal

9899fee.xml

oath1_2_0001.tif

[illegible]

Comments:

[illegible]

DECLARATION AND POWER OF ATTORNEY FOR PATENT APPLICATION
(English Language Declaration)

File No. 9899.3809

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled: RECESSED INDEXING ROTARY MULTIPLE PORT TURRET FOR SINGLE OR MULTIPLE PORT MEDICAL FIBER-OPTIC ILLUMINATOR, the specification of which (check one):

☒ is attached hereto

☐ was filed on _____ as Serial No. _____ and was amended on _____ (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose to the Office all information known to me to be material to patentability, as defined in Title 37, Code of Federal Regulations §1.56.

I hereby claim foreign priority benefits under Title 35, United States Code, Section 119 of any foreign application(s) for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the application on which priority is claimed:

<u>Prior Foreign Application(s)</u>			<u>Priority Claimed</u>	
<u>Number</u>	<u>Country</u>	<u>Day/Month/Year</u>	<u>Yes</u>	<u>No</u>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>

I hereby claim the benefit under Title 35, United States Code 120, of any United States application(s) or PCT international application(s) designating the United States of America listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code 112, I acknowledge the duty to disclose to the Office all information known to me to be material to patentability as defined in Title 37, Code of Federal Regulations 1.56, which occurred between the filing date of the prior application and the national or PCT international filing date of this application:

<u>Serial No.</u>	<u>Filing Date</u>	<u>Status</u>
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I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States

POWER OF ATTORNEY

As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith along with any and all foreign applications filed and foreign patents issued therefrom.

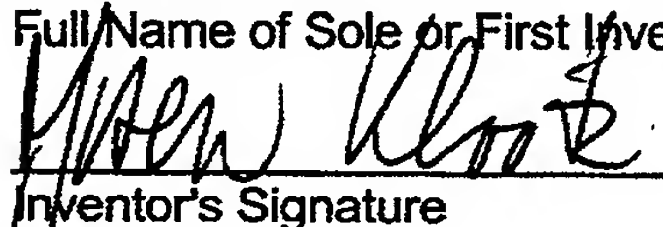
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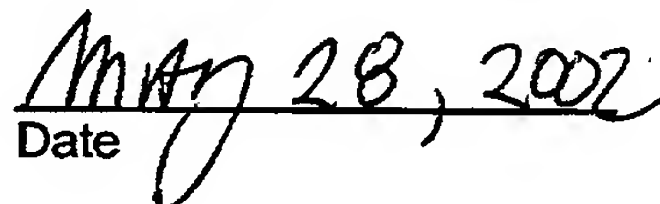
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FEE TRANSMITTAL

Electronic Version 1.1.0
Stylesheet Version: 1.0

Patent fees are subject to annual revisions on or about October 1st of each year.

Small Entity
Independent Inventor

TOTAL FEES AUTHORIZED: \$ 370

The commissioner is hereby authorized to charge indicated processing and/or publication fees and credit any overpayments to:

Deposit Account Number: 13-1130
Deposit Account Name: Malin, Haley & DiMaggio



SUBMITTED BY

Authorized Name: Barry L. Haley
Electronic Signature Mark: /barry l haley/
Date Signed: 20020530

BASIC FILING FEE

Fee Description	Fee Code	Fee Paid
Utility Filing Fee	201	\$ 370

Subtotal For Basic Filing Fee: \$ 370

EXTRA CLAIM FEES

	Fee Code	Fee	Extra Claims	Fee Paid
Total Claims: 18	203	\$ 9	0	\$ 0
Independent Claims: 3	202	\$ 42	0	\$ 0

Subtotal For Extra Claims Fees: \$ 0